

Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CHOLINESTERASE INHIBITORS FOR TREATMENT OF PARKINSON'S DISEASE

the specification of which (check one) :

☐ is attached hereto;

☒ was filed in the United States under 35 U.S.C. §111 on 21 August 1997, as USSN _____*; or

☐ was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/_____; filed _____, entry requested on _____*; national stage application received USSN _____*; §371/§102(e) date _____* (*if known),

and was amended on _____ (if applicable).

(include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose to the Patent and Trademark Office (PTO) all information known by me to be material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119, 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

_____ (Number)	_____ (Country)	_____ (Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (Number)	_____ (Country)	_____ (Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (Number)	_____ (Country)	_____ (Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. § 120 of any prior U.S. non-provisional Application(s) or prior PCT Application(s) designating the U.S. listed below, or under § 119(e) of any prior U.S. provisional applications listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information as defined in 37 C.F.R. §1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

<u>60/022,746</u> (Application Serial No.)	<u>22 August 1996</u> (Day Month Year Filed)	<u>pending</u> (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Day Month Year Filed)	_____ (Status: patented, pending, abandoned)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SHERIDAN NEIMARK, REG. NO. 20,520 - ROGER L. BROWDY, REG. NO. 25,618 - ANNE M. KORNBAU, REG. NO. 25,884
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NICK S. BROMER, REG. NO. 33,478 - * Patent Agent

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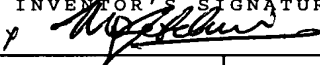
DIRECT ALL TELEPHONE CALLS TO:
BROWDY AND NEIMARK
(202) 628-5197

The undersigned hereby authorizes the U.S. Attorneys or Agents named herein to accept and follow instructions from NEW YORK UNIVERSITY as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorney or Agent and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents named herein will be so notified by the undersigned.

Title: CHOLINESTERASE INHIBITORS FOR TREATMENT OF PARKINSON'S DISEASEU.S. Application filed 22 August 1997, Serial No. _____

PCT Application filed _____, Serial No. _____

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR Michael HUTCHINSON	INVENTOR'S SIGNATURE 	DATE 9/8/97
RESIDENCE New York, New York	CITIZENSHIP USA	
POST OFFICE ADDRESS 564 1st Avenue, Apt. 21N, New York, New York 10016		
FULL NAME OF SECOND JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FIFTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		

Applicant or Patentee: Michael HUTCHINSON Attorney's Docket No.: HUTCHINSON=1A
Appln. or Patent No.: _____ Filed or Issued: _____
For: CHOLINESTERASE INHIBITORS FOR TREATMENT OF PARKINSON'S DISEASE

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the non-profit organization identified below:

NAME OF ORGANIZATION NEW YORK UNIVERSITY
ADDRESS OF ORGANIZATION 70 Washington Square South, New York New York 10012
TYPE OF ORGANIZATION
☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office with regard to the invention entitled CHOLINESTERASE INHIBITORS FOR TREATMENT OF PARKINSON'S DISEASE by inventor Michael HUTCHINSON described in

- ☐ the specification filed herewith with title as listed above.
☒ application serial no. _____, filed 21 August 1997.
☐ patent no. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Isaac T. Kohlberg
TITLE IN ORGANIZATION OF PERSON SIGNING Vice President for Industrial Liaison
ADDRESS OF PERSON SIGNING 550 First Avenue, New York, NY 10016

SIGNATURE Isaac T. Kohlberg DATE 8/28/97